Pressure Ulcer Assessment Via Telemedicine

DATA COLLECTION FORM

Ann Arbor

Study ID_____

Date ____/_____/_____(MMDDYYYY)

Visit #_____

Patient Enrollment Form

Gender: ❑ Male ❑ Female **Wound Type: ❑ Chronic ❑ Post-op**

Date Wound Began: ____/____/_____(MMDDYYYY)

Age at Enrollment: ____ **Cause of Wound: _____**

Date of Consent: ____/____/____ (MMDDYYYY)

Describe the location of the patient's wound: _____

_____

If reenrolling, enter subject ID(s) previously assigned to this patient:

Previously Enrolled? ❑ Yes ❑ No

_____

Patient Visit Data:

Location: _____

Treatment Date (corresponding to this visit): _____/_____/_____(MMDDYYYY)

Treating Physician: _____

Body Temperature: _____

Mobility: _____

Mattress Type: _____

If applicable:

Sitting Frequency: _____
(no. of periods of sitting per day)

Sitting Duration: _____
(total no. of minutes of sitting per day)

Patient Visit Data—Wound Data:

Bone Exposure: _____(yes, no, or unsure)

Drainage Type: _____(serous, serosanguineous, purulent, blood, none)

Drainage Amount (post-op patients only): _____
(cc/24 hour)

Debridement: _____(enzymatic, surgical major, surgical minor, none)

Surface Area from NIH Image: ____(sq in)

Jeltrate Volume (in ml): _____

Wound Undermined? _____

Type of Dressing Applied: _____
(n.s. wet to dry, silvadene, duoderm, xeroform, none)

Durometer Readings:

	1	2	3	Avg
3 o'clock (Proximal):	____	____	____	____
6 o'clock (Distal):	____	____	____	____
9 o'clock (Right):	____	____	____	____
12 o'clock (Left):	____	____	____	____

(enter average reading into Access database for each location)

Frequency of Dressing Change: (e.g. 8h) _____

Nurse's Comments About Patient (optional):

_____

_____

Health And Nutrition Form—Health History and Physical

Clinical Vignette (provide a summary of the patient's overall condition for physicians to view on the Web):

_____

_____

Wound Stage:_____(stage 1, 2, 3, or 4 or post-op)

Provide comments where applicable:

Cardiovascular: _____
Dermatological: _____
Endocrine-Metabolic: _____
Eye, Ear, Nose, Throat: _____
Gastrointestinal: _____
Genito-Urinary: _____
Hematopoetic-Lymphatic: _____
Immunosuppressive Drugs: _____
Immunosuppressive Disease: _____
Muskuloskeletal: _____
Neurological: _____
Psychological: _____
Respiratory: _____
Other: _____

Primary Care Physician: _____ **Caregiver Status:** _____

Bone Biopsy Performed? ❑ Yes ❑ No ❑ Unknown

If Yes, is Osteomyelitis present? ❑ Yes ❑ No ❑ Unknown

Tissue Biopsy Performed? ❑ Yes ❑ No ❑ Unknown

Organism Growing From Bone: _____

Organism Growing From Tissue: _____

Organisms per gram of Tissue: _____

Albumin Level: _____

Lymphocyte Count: _____

Incontinent of Urine: ❑ (check if applicable)

Paraplegic: ❑ (check if applicable)

Incontinent of Stool: ❑ (check if applicable)

Quadriplegic: ❑ (check if applicable)

Health and Nutrition Form—Nutrition History and Diet

(Complete the following information at the initial patient visit and at any subsequent visits if any of the information has changed.)

Appetite: _____(good, fair, poor, none)

Frame Size: _____(small, medium, large)

Height: _____(in inches)

Present Weight: _____(lbs.)

Prior Weight: _____(if unintentional loss)
Prior Weight Date: ____/____/_____(MMDDYYYY)

Nutrition History:
(check all that apply)

- ❑ **Chewing Problems**
- ❑ **Constipation**
- ❑ **Diarrhea**
- ❑ **Feeding Assistance**
- ❑ **Limited Activities**
- ❑ **Nausea**
- ❑ **Restricted Ambulation**
- ❑ **Swallowing Problems**
- ❑ **Vomiting**
- ❑ **None of Above**

Diet:
(check all that apply)

- ❑ **ADA Weight Reduction**
- ❑ **Clear Liquids Over 3 days**
- ❑ **Clear Liquids Under 3 days**
- ❑ **Consistency Non-Mechanical**
- ❑ **Drug Nutrient Interaction**
- ❑ **Dysphagia**
- ❑ **Fluid Restriction (if less than 1000 cc)**
- ❑ **Lactose Free**
- ❑ **Low Fat/Low Cholesterol**
- ❑ **Mechanical**
- ❑ **Mineral Restricted Nonsodium**
- ❑ **Mineral Restricted Sodium**
- ❑ **NPO Under 3 Days**
- ❑ **NPO over 3 Days**
- ❑ **PRN**
- ❑ **Protein Restricted**
- ❑ **Regular**
- ❑ **TPN**
- ❑ **Tube Feeding Stable**
- ❑ **Tube Feeding Unstable**

Health and Nutrition Form—Diagnosis

Current Diagnoses: (check all that apply)

- ❑ **AIDS**
- ❑ **Alzheimers**
- ❑ **Angina**
- ❑ **Arthritis**
- ❑ **Cancer: Head/Neck**
- ❑ **Cancer: GI**
- ❑ **Cancer: Other**
- ❑ **Cardiac Disease**
- ❑ **Cardiomyopathy**
- ❑ **Chemotherapy**
- ❑ **Congestive Heart Failure**
- ❑ **COPD, Stable**
- ❑ **COPD, Unstable**
- ❑ **CVA**
- ❑ **Dementia**
- ❑ **Diabetes: Controlled**
- ❑ **Diabetes: Uncontrolled**
- ❑ **Diabetes: New**
- ❑ **Dysphagia**
- ❑ **Fracture, Traumatic**
- ❑ **Fracture, Other**
- ❑ **GI: Malabsorp or Maldigest**
- ❑ **GI: Other**
- ❑ **GI: Obstruction**
- ❑ **Hepatic Coma**
- ❑ **Hepatic Encephalopathy**
- ❑ **HIV**
- ❑ **Hypertension**
- ❑ **Ileus**
- ❑ **Infection With Fever**
- ❑ **Liver Disease**
- ❑ **Malnutrition**
- ❑ **Neurological: Coma**
- ❑ **Neurological: Other**
- ❑ **Nutritional Anemia**
- ❑ **Pneumonia**
- ❑ **Psycho: Eating Disorder**
- ❑ **Psycho: Other**
- ❑ **Pulmonary: O2 Dependent**
- ❑ **Pulmonary: Vent Required**
- ❑ **Peripheral Vascular Disease**
- ❑ **Radiation: Head or Neck**
- ❑ **Radiation: GI Tract**
- ❑ **Radiation: Other**
- ❑ **Renal Disease**
- ❑ **Renal: Acute Failure**
- ❑ **Renal: Chronic Failure**
- ❑ **Spinal Cord Injury (SCI)**
  ___ (If SCI, enter level of injury)
- ❑ **Sepsis**
- ❑ **Substance Abuse**
- ❑ **Surgeries: Other**
- ❑ **Transplant Patient**
- ❑ **Tuberculosis**
- ❑ **Vasculitis**

Note: All patients will automatically be assigned a diagnosis of "Pressure Sore" in addition to any diagnoses that may be checked on this page. For purposes of calculating nutrition status, a diagnosis of "Pressure Sore" is rated according to the "Wound Stage" entered in the Health History and Physical Tab. Therefore, it is important to enter a new wound stage whenever it changes.